12-08-06

REQUEST FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Application Number:	09/889,130
Filing Date:	October 9, 2001
First Named Inventor:	Akira Tabuchi et al
Group Art Unit:	1615
Examiner Name:	Neil S. Levy
Attorney Docket No.	FUJ01511P00020US

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1.	amendr unless	nents ar applican	nd amer it instruc	under 37 C.F.R. §1.114 Note: If the RCE is proper, any previously-filed unentered adments enclosed with the RCE will be entered in the order in which they were filed cts otherwise. If applicant does not wish to have any previously filed unentered applicant must request non-entry of such amendment(s).							
	a.	므		Previously submitted. If a final Office Action is outstanding, any amendments filed after the nal Office Action may be considered as a submission even if this box is not checked.							
		i.		Consider the arguments in the Appeal Brief or Reply Brief previously filed on							
		ii.		Other:							
	b.	⊠	Enclosed:								
		i.	⊠	Amendment/Reply							
		ii.		Affidavit(s)/Declaration(s)							
		iii.		Information Disclosure Statement							
		iv.	<u>×</u>	Petition for Extension of Time							
		٧.		Other:							
2.	Miscell	aneous		pension of action on the above-identified application is requested under 37 CFR 3(c) for a period of:							
•	a.		1.17(i)	months. (Period of suspension shall not exceed 3 months. Fee under 37 CFR required)							
	b.		Other_								

3. **Fees.** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The filing fee has been calculated as shown below:

Small Entity

Large Entity

For	Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Rate	Fee		Rate	Fee
Basic Fee					\$395.00	OR		\$790.00
Total Claims	11	13	0	x \$25.00	\$	OR	x \$50.00	\$
Independent Claims	2	2	0	x \$100.00	\$	OR	x \$200.00	\$
Multiple Dependent Claims				x \$180.00	\$	OR	x \$360.00	\$
OK HOREDHI DODOOD	TOTAL	\$	OR	TOTAL	\$790.00			

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	a.	<u>×</u>											or credit any copy of this
		i.	<u> </u>	RCE filing	fee								
		iii.		Other									
	b.	՛⊠	A chec	ck in the ar	nount o	f \$ <u>7</u>	' 90.0	00	_ to cov	er the t	fees is	s enclos	sed.
4.	Corres	sponde	nce Addr	ress:	Cit 50 Ch Te	OOD, PHI tigroup Ce 10 West M nicago, Illir elephone: acsimile: (enter, ladiso nois (312	, Suite on Stre 60661 2) 876-	3800 eet I 1800	RK & M	ORTIM	MER	
			•	С	ustom	er Numl	ber:	321	16				
Date:	<u>Dece</u>	mber 7,	2006	Atto	rney's S	ignature _	Je	effre (II)	LC A Clark, F	Reg. No). 29,14	41	
				CERTIFIC	ATE OF	MAILING	G BY	EXP	RESS MA	.IL	·		
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Expre	ss Mail	Label N	lo.:		E	EV 961933	3059	US					
Date	of Depo	sit:				December	7, 2	006					
Турес	d/Printe	d Name	of Perso	n Signing:	ŀ	Karen A. S	Sande	erson					
Signa	iture:					Kare	<u>r</u>	a.	5an	dlu	20n	/	